



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Ronald J. Lebel et al.

Title:

AMBULATORY MEDICAL

APPARATUS WITH HAND HELD

COMMUNICATION DEVICE

Appl. No.:

09/768,196

Filing Date:

01/22/2001

TECHNOLOGY CENTER R3700

NOV 0 6 2003

RECEIVED

Examiner:

Matthew F. Desanto

Art Unit:

3763

CERTIFICATE OF MAILING

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Commissioner:

I hereby certify that the following paper(s) and/or fee along with any attachments referred to or identified as being attached or enclosed are being deposited with the United States Postal Service as First Class Mail under 37 C.F.R. § 1.8(a) on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.

- 1. Amendment and Reply Under 37 C.F.R. § 1.111
- 2. Amendment Transmittal
- Check No. 16549 3. (\$54.00)
- 4. 3. Certificate of Mailing

Respectfully submitted,

Date

Reg. No. 44,740

Foley & Lardner 2029 Century Park East, 35th Floor Los Angeles, CA 90067-3021 Telephone: 310-277-2223

Facsimile:

310-557-8475

015.609857.1

TECHNOLOGY CENTER R3700



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

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AMENDMENT TRANSMITTAL

Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] Assertion of Small Entity status is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims As Amended	-	Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23		20	=	3	Х	\$18.00	=	\$54.00
Independents:	2		3	=	0	X	\$86.00	=	\$0.00
First presentation	on of any M	ulti	ple Depende	ent (Claims:	+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL:						=	\$54.00		

^[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[]	Extension for response filed within the first month:	\$110.00	\$0.00
[]	Extension for response filed within the second month:	\$420.00	\$0.00
[,]	Extension for response filed within the third month:	\$950.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
[]	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
	EXTENSION FEE	E TOTAL:	\$0.00
[]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE	E TOTAL:	\$54.00
[]	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$54.00

^[] Please charge Deposit Account No. 06-1447 in the amount of \$54.00. A duplicate copy of this transmittal is enclosed.

[X] A check in the amount of \$54.00 is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Irvin C. Harrington, W

Attorney for Applicant

Registration No. 44,740

Date 10-29-33

FOLEY & LARDNER

Customer Number: 23392

Telephone:

(310) 975-7963

Facsimile:

(310) 557-8475

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